



JUN 18 2004 14:54 FR ANN ARBOR

734 995 1777 TO 917037464000

P.02/05

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

04/20/2004

Michael S. Gzybowski
Butzel Long
350 South Main Street
Suite 300
Ann Arbor, MI 48108

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Marilynn M. Peterson

(Depositor's name)

(Signature)

June 18, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/911,066	07/23/2001	Kazuhisa Senda	YPO0028	3060

TITLE OF INVENTION: GASKET

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MITCHELL, KATHERINE W	3677	277-639000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 BUTZEL LONG

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NOK Corporation

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies**4b. Payment of Fee(s):**☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-2136 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

06/18/2004

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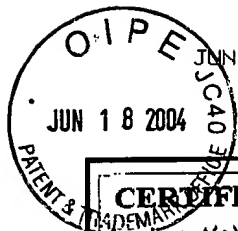
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734 995 1777 TO 917037464000

P.01/05

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): **Kazuhisa SENDA, et al**

Docket No.

121036-0009

Application No.

09/911,066

Filing Date

07/23/2001

Examiner

Katherine W. MITCHELL

Group Art Unit

3677

Invention:

GASKET

I hereby certify that this Transmittals for Payment of Issue and Publication Fees, and Fee Transmittal

(Identify type of correspondence)

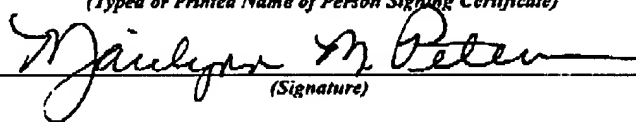
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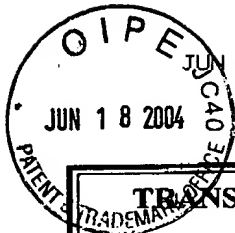
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Marilynn M. Peterson

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P.04/05

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)
(37 C.F.R. 1.311)Docket No.
121036-0009Applicant(s): **Kazuhisa SENDA, et al**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
09/911,066	07/23/2001	Katherine W. MITCHELL		3677	3060

Invention:

GASKET

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Alexandria, VA 22313-1450

Transmitted herewith are the following for the above-identified application.

- ☐ Issue Fee Transmittal Form PTOL-85
- ☒ Utility Fee: \$ 1330.00 ☐ Design Fee: _____ ☐ Plant Fee: _____
- ☒ Publication Fee: \$ 300.00
- ☐ A check in the amount of _____ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 12-2136 as described below.
- ☒ Charge the amount of \$1,630.00
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Michael S. GzybowskiDated: **06/18/2004**

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PTO/SB/17 (10-03)

Approved for use through 07/31/2008. OMB 0851-0032

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**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** \$1,630.00**Complete if Known**

Application Number	09/911,066
Filing Date	07/23/2001
First Named Inventor	Kazuhisa SENDA, et al
Examiner Name	Katherine W. MITCHELL
Art Unit	3677
Attorney Docket No.	121036-0009

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:		Large Entity Small Entity	
Deposit Account Number: 12-2136		Fee Code (\$)	
Deposit Account Name: BUTZEL LONG		Fee Description	
The Director is authorized to: (check all that apply)		Fee Paid	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments			
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FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code (\$)		Fee Description	
Fee Paid			
1001 770 2001 385 Utility filing fee			
1002 340 2002 170 Design filing fee			
1003 530 2003 265 Plant filing fee			
1004 770 2004 385 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND			
Extra Claims Fee from below Fee Paid			
Total Claims -20** = 0 X = 0.00			
Independent Claims -3** = 0 X = 0.00			
Multiple Dependent			
Large Entity Small Entity			
Fee Code (\$)		Fee Description	
Fee Paid			
1202 18 2202 9 Claims in excess of 20			
1201 88 2201 43 Independent claims in excess of 3			
1203 290 2203 145 Multiple dependent claim, if not paid			
1204 88 2204 43 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		\$0.00	
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		Other fee (specify) PUBLICATION FEES 300.00	
		Reduction by Basic Filing Fee Paid	
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Michael S. Gzybowski	Registration No. (Attorney/Agent)	32,816
Signature		Telephone	734.995.3110
		Date	06/18/2004

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